

R430-100-4. INDOOR ENVIRONMENT.

- (1) The licensee shall ensure that any building or playground structure constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the removal of the lead based paint.

Rationale / Explanation

Ingestion of lead based paint can lead to high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Even at low levels of exposure, lead can cause a reduction in a child's IQ and their attention span, and result in reading and learning disabilities, hyperactivity, and behavioral problems. Other symptoms of low lead levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span. CFOC, pgs. 233-234 Standard 5.110

The allowed amount of lead in paint was reduced in 1978. If a center constructed prior to 1978 has peeling, flaking, chalking or failing paint, they must provide documentation of testing for lead based paint. If lead based paint is found, the center must follow the procedures required by their local health department for the removal of lead based paint.

Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat, and form lead dust on the surface of the blinds. While there is no child care licensing rule that requires this, the CPSC recommends that consumers with children 6 years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead. For more information, contact CPSC. CFOC, pgs. 233-234 Standard 5.110

Enforcement

Level 1 Noncompliance: If a building or playground structure constructed prior to 1978 has untested failing paint in an area accessible to children, or tested paint in any area that is shown to contain lead and has not been appropriately removed.

Level 2 Noncompliance: If a building or playground structure constructed prior to 1978 has untested failing paint in an area inaccessible to children.

- (2) There shall be one working toilet and one working sink for every fifteen children in the center, excluding diapered children.

Rationale / Explanation

Young children need to use the bathroom frequently, and cannot wait long when they have to use the toilet. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend 1 sink and toilet for every 10 toddlers and preschool age children, and 1 sink and toilet for every 15 school age children.

A large toilet room with many toilets used by several groups is less desirable than several small toilet rooms assigned to specific groups, because of the opportunities large shared rooms provide for transmitting infectious diseases. CFOC, pg. 238, Standard 5.122

R430-100-4. INDOOR ENVIRONMENT.

Enforcement

When counting toilets in a center, a urinal may be counted as a toilet, for up to 50% of the required number of toilets. For large sinks that have two or more faucets in them, each separate faucet counts as one sink.

If a center is unable to meet this requirement due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best to make sure all children have access to a toilet and handwashing sink in the meantime, the Licensor will follow up to see if the repair is completed by the scheduled date before citing a violation of this rule.

Level 1 Noncompliance: If a child is not able to use a working toilet or handwashing sink when they need to because one or more toilets or sinks are not working. Or, if there are not enough toilets or sinks in the facility to have one for every 15 children in the center.

Level 2 Noncompliance: If there are enough toilets and sinks in the center (1 for every 15 children) but one or more of them are not working; however, this does not appear to result in a child not being able to use the toilet or wash their hands when they need to.

(3) School age children shall have privacy when using the bathroom.

Rationale / Explanation

Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established in the majority of the group. CFOC, pg. 237 Standard 5.120

Requiring a school age child to use bathroom fixtures designed for preschoolers may negatively impact the self-esteem of the school age child. CFOC, pg. 238 Standard 5.122

Enforcement

Privacy in bathrooms for school age children can be provided with a full length door or curtain.

Level 2 Noncompliance: If there is no privacy (no door, no curtain, etc.).

Level 3 Noncompliance: If there is some measure for privacy (such as a half door), which may ensure privacy for younger children, but not for school age children.

(4) For buildings constructed after 1 July 1997 there shall be a working hand washing sink in each classroom.

Rationale / Explanation

Transmission of many communicable diseases can be prevented through handwashing. To facilitate routine handwashing at the needed times, sinks must be close at hand and permit caregivers to provide continuous supervision while both children and caregivers wash their hands. CFOC, pg. 239 Standard 5.126

Enforcement

Always Level 2 Noncompliance.

R430-100-4. INDOOR ENVIRONMENT.

- (5) Each area where infants or toddlers are cared for shall meet one of the following criteria:
- (a) There shall be two working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and hand washing prior to food preparation, and the other sink shall be used exclusively for hand washing after diapering and non-food activities.
 - (b) There shall be one working sink in the room which is used exclusively for hand washing, and all bottle and food preparation shall be done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.

Rationale / Explanation

Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces on the way to the diapering handwashing sink. Having the diapering sink as close as possible to the diapering station will help prevent the spread of contaminants and communicable diseases. CFOC, pg. 241 Standard 5.130

The sink used to wash hands after diapering becomes contaminated during this process, and thus should not be used for any food related purposes, in order to avoid contaminating food, dishes, or utensils. CFOC, pg. 240 Standard 5.127

Enforcement

For the purposes of this rule, two sinks means there are two different faucets, each going into a separate basin.

Always Level 2 Noncompliance.

- (6) Infant and toddler areas shall not be used as access to other areas or rooms.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children. In addition to this developmental need, separation of infants from older children and non-caregiving adults is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114

In addition to the increased risk of spreading disease, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the center.

Enforcement

This rule does not apply to closets in an infant room that are used to store infant equipment and materials, or to other storage closets that are not accessed by others outside the infant room when children are in care.

Always Level 1 Noncompliance.

- (7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.

R430-100-4. INDOOR ENVIRONMENT.

Rationale / Explanation

The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. CFOC, pgs. 197-198 Standard 5.027

Screening windows used for ventilation is important to prevent insects or rodents which may bite, sting, or carry disease from getting into the building. CFOC, pg. 193 Standard 5.015.

While not required by licensing rules, the American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, pg. 193 Standard 5.014

Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.

Enforcement

If a room without mechanical ventilation has more than one window, at least one window must be openable for ventilation, and have a screen.

Level 1 Noncompliance: If a window that is opened on a second floor or higher is not screened, or if a first floor window that is opened in a room with mobile infants, toddlers, or preschoolers is not screened.

Level 2 Noncompliance: If there is not mechanical ventilation and a room does not have at least one window that opens. Or, if a first floor window in a room with only non-mobile infants or school age children is not screened.

(8) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that a draft free indoor temperature between 65 degrees and 75 degrees Fahrenheit during the winter months, and between 68 degrees and 82 degrees Fahrenheit during the summer months. These requirements are based on the standards of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, which take into account both comfort and health considerations. CFOC, pg. 198 Standard 5.028

There may be some association between sleeping room temperatures and increased risk of SIDS, but this connection is not yet fully established. It is recommended that infants are lightly clothed for sleep, and that the sleeping room temperature is kept comfortable for a lightly clothed adult, not to exceed 78 degrees. In addition, infants should not be over-bundled, or should not feel hot to the touch when sleeping.

R430-100-4. INDOOR ENVIRONMENT.

Enforcement

Licensors should measure the temperature in preschool and school-age rooms at table height. Room temperature in infant and toddler rooms should be measured at the level the children sleep at.

If a center is unable to meet the temperature requirements due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best in the meantime to maintain a comfort level, the Licensors will follow up to see if the repair is completed by the scheduled date before citing a violation of this rule.

Level 2 Noncompliance: If the temperature is out of range in an infant room.

Level 3 Noncompliance: If the temperature is out of range in any rooms besides infant rooms.

- (9) The provider shall maintain adequate light intensity for the safety of children and the type of activity being conducted by keeping lighting equipment in good working condition.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that natural lighting be provided in rooms where child work and play for more than two hours at a time, and that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the children's safety and the activities being conducted. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. CFOC, pg. 203 Standard 5.042

It is important that there be adequate light for children to see safely and for caregivers to adequately supervise children and perform tasks such as diapering.

Enforcement

If needed, adequate lighting will be determined by using printed materials, and seeing if there is enough light for a caregiver in the area to read it.

Level 2 Noncompliance: If there is inadequate lighting in a diapering or food preparation area, or if it is completely dark in a sleeping area.

Level 3 Noncompliance: If there is inadequate lighting anywhere besides a diapering or food preparation area, or a sleeping area.

- (10) Windows, glass doors, and glass mirrors within 36 inches from the floor shall be made of safety glass, or have a protective guard.**

Rationale / Explanation

Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from broken glass. The purpose of this rule is to keep children from accidentally breaking and being cut by a glass window, door, or mirror that is low enough for them to run into it. CFOC, pg. 193 Standard 5.016

R430-100-4. INDOOR ENVIRONMENT.

Enforcement

There are several ways centers can meet this rule. If glass is not marked by the manufacturer as safety glass, and if no documentation verifying this is available from the manufacturer, a center can take other measures to comply with this rule. Centers can use child furniture, such as book or toy shelf, as a protective guard in front of the window. When windows are set into the wall, so that there is a window sill, a child safety gate can be put in the window sill to act as a protective guard. There is also a protective film available that can be put on windows to prevent them from shattering into loose shards if they break. One example of this kind of film can be found at: <http://www.filmtechnologies.com/safety-sec.asp?section=safety>

Always Level 2 Noncompliance.

- (11) There shall be at least 35 square feet of indoor space for each child, including the licensee's and employees' children who are not counted in the caregiver to child ratios.**
- (12) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:**
 - (a) by children;**
 - (b) for the care of children; or**
 - (c) to store classroom materials.**
- (13) Bathrooms, closets, staff lockers, hallways, corridors, lobbies, kitchens, or staff offices are not included when calculating indoor space for children's use.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend 35 square feet of space per child which is free of furniture and equipment, or 50 square feet of space if furniture and equipment are included. The rationale for this recommendation is that crowding has been shown to be associated with an increased risk of upper respiratory infections, because children's behavior tends to be more constructive when they have sufficient space, and because having sufficient space reduces the risk of injury from simultaneous activities. CFOC, pg. 235 Standard 5.112

An October 2005 legislative audit of the Bureau of Licensing examined this rule specifically, and found that Utah's requirement of 35 square feet per child is reasonable and justifiable, and is in line with 42 of the 50 states.

Enforcement

This measurement is usually taken, and capacity determined, at the time of initial licensure. It is normally not re-measured on subsequent licensing visits, unless a particular room or space appears overly crowded during the visit.

Children may temporarily be in spaces with less than 35 square feet of space per child for group activities that require less space, such as nap times, meals, story times, homework, computer time, art projects, puppet shows, etc. Such activities should not exceed 2 hours per day, excluding nap times, and the length of time should be appropriate to the activity. For example, an hour long art project in a smaller space for preschoolers would not be an appropriate activity length.

Level 1 Noncompliance: If a child is injured in a room that does not have the required square footage.

R430-100-4. INDOOR ENVIRONMENT.
<i>Level 2 Noncompliance otherwise.</i>